TOBACCO CESSATION: LET THE GAMES BEGIN!

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Abstract

Tobacco use in the United States has been identified as the number one cause of avoidable illness and death in the United States. Over 440,000 Americans die each year as a result of tobacco use. And, studies have shown that people with serious mental illness or drug addiction smoke almost half of the cigarettes consumed in the United States. Clearly there is a need to help raise awareness about the dangers of tobacco use among this population. Unfortunately, studies have also shown that this population is not terribly motivated to stop using tobacco, tobacco use tends to be chronic, and quit attempts are fraught with multiple relapses.

R.J. Blackley, Alcohol and Drug Abuse Treatment Center (ADATC), a mental health and drug addiction treatment center located in Butner, North Carolina was scheduled to become a tobacco-free campus on July 1st, 2014. In order to help facilitate the tobacco-free go live date of July 1st, a schedule of tobacco awareness classes was created and a team of facilitators was formed. The curriculum chosen was the *Breathe Easy Live Well* program developed by the North Carolina Evidence Based Practice Center. It is out of this pilot program that the applied theater games curriculum enhancement program proposal grew.

In order to increase attendance and patient engagement in a very resistant population, a program proposal to pair lesson specific theater games with each lesson of the *Breathe Easy Live Well* curriculum is suggested. This proposal is based on the teachings of Viola Spolin and Augusto Boal and bolstered by the more recent theories on education and learning by Sandra Russ. The results of this proposal are a program plan and evaluation plan designed to establish a training, facilitation and evaluation team responsible for creating a program guidebook, and evaluation tools used in training,

facilitating and evaluating the tobacco cessation group sessions. The target audience for this plan is the tobacco using in-patient population in a mental health and alcohol and drug abuse treatment center similar to the one at R.J. Blackley ADATC in Butner, North Carolina, where this project was piloted. The objectives of the plan are to increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients at any given time, increase awareness about tobacco cessation options while in the facility and after discharge, increase the number of patients who complete 80% of the classes (12 out of 15) and to show a graduation from earlier stages of change among participants as defined in the Transtheoretical Model such as from Precontemplation to Contemplation or from Contemplation to Preparation using intake and discharge surveys.

The program proposal has now undergone some pilot testing with promising results. With time and further development it is possible that this program proposal could show the same promise in other facilities across the country. It is also possible to expand this program proposal to include other types of addiction treatments such as the opiate, cocaine or alcohol treatments.

Acknowledgements

In my first semester of Graduate School my mother passed away from lung cancer. I was fortunate to be with her as she took her final breath. It was an awful and awesome moment all rolled into a single breath. I will never forget it. Now, three years later I am involved in helping people in my community live longer, healthier lives by providing them with education to increase their ability to breathe. I cannot think of a greater way to honor my mother than to be involved in this work. I thank her for giving me the gift of life and for giving me this unintended gift in her death. She lives on in my work. I would also like to

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Introduction

This paper outlines a program plan and evaluation for a tobacco cessation program modified for use in drug abuse treatment centers. This work grew out of a pilot program implemented to help facilitate the tobacco-free campus go live date at R.J. Blackley Alcohol and Drug Abuse Treatment Center in Butner, North Carolina on July 1st, 2014. I had the opportunity to participate in the pilot as my practicum experience and have drawn on this experience to develop this proposal for use in other similar settings. This paper consists of six sections. The first section, Background, provides an overview of the importance of tobacco cessation among people with mental illness or drug addiction, outlines the tobacco cessation curriculum used, provides a brief description of the facility in which the pilot was conducted and provides the basis for the suggested curriculum enhancement strategy. The second section, Program Planning, outlines the program proposal and the logic model

involved in planning the program. The third section, Implementation, outlines the program enhancement designed for the curriculum, specifically the games created for each lesson of the *Breathe easy Live Well* curriculum. The fourth section, Proposed Evaluation, outlines some options designed to evaluate whether the goals and objectives of the program are met. The fifth section, Conclusions, provides conclusions drawn from the pilot project and program proposal. And, the sixth section, Leadership Reflections, offers my reflections on the leadership lessons learned and insight discovered while piloting the program and creating the program proposal.

Background

Tobacco Use among people with Mental Illness or Drug Addiction

Tobacco use has been identified as the leading cause of preventable death in the United States (Fiore et al, 2008). Over 440,000 Americans die each year as a result of tobacco use (Agency for Healthcare Research, 2006). Forty-four percent of cigarettes in the United States are consumed by people with mental disorders (Lasser, et al, 2000). Seventy-five percent of persons with mental illness and or substance abuse disorder smoke as opposed to twenty percent of the general population (CDC, 2009). C. Everette Koop, former United States Surgeon General was quoted as saying that nicotine is as addicting as heroin or cocaine (GVRL, 2014). Additionally, studies indicate people who quit tobacco use are more successful at achieving long-term sobriety and drug abstinence than those who continue to use tobacco products (NC EBP, 2011). Therefore, providing an evidence-based tobacco cessation program for persons with mental illness and or substance abuse disorders can provide the increased health benefits of tobacco cessation such as improved

lung functioning, improved respiratory health, healthier immune system, and increase in overall health (CDC, 2014) in addition to aiding in the drug recovery process.

The challenge is to create and facilitate a program directed at people with mental health disorders or drug addiction. Using the Health Belief Model as a way to understand determinants of behavior helps to highlight the challenges of engaging people with mental health disorders and drug addiction in tobacco cessation efforts. The Health Belief Model outlines six constructs used to help define determinants of behavior; they are, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and efficacy (Champion and Skinner, 2008). Among people suffering from drug addiction the perceived severity of the harms of tobacco are relatively low compared to the perceived severity of the harms of other drugs. Therefore, stopping the use of tobacco usually is secondary in the recovery process. Additionally, there is a very low sense of self-efficacy among people suffering from drug addiction especially if they have experienced multiple relapses.

Jill M. Williams, M.D., co-author of the tobacco cessation curriculum *Learning about Healthy Living,* was quoted as saying "The smoking population (with mental illness) is not clamoring for this treatment (Mental Health Weekly, 2010). Thus, this low motivation, low perceived severity and low sense of self-efficacy in combination make treatment of tobacco addiction among people with serious mental illness or drug addiction very difficult.

In the same article, Dr. Williams also states that behavioral health settings are well suited to deliver tobacco cessation services to consumers with mental health illness because behavioral health professionals have experience and training in the treatment of other addictions and are skilled to deliver behavioral therapies. Additionally tobacco

dependence is a chronic, relapsing condition providing behavioral health providers many opportunities to intervene (Mental Health Weekly, 2010).

Early thoughts on tobacco use failed to recognize it as an addiction, labeling it as a bad habit instead. More recently, tobacco use is viewed as a deadly drug addiction and therapies based on treating addiction are being developed to target nicotine dependence. Current studies indicate the most effective interventions are behavioral counseling and nicotine replacement therapy in combination (GVRL, 2014) (Fiore et al, 2000).

The *Breathe Easy Live Well* Curriculum

One strategy designed to raise awareness about the consequences of tobacco use and to educate consumers about the benefits of treatment is to incorporate tobacco information into a wellness or other psychoeducation curriculum (Mental Health Weekly, 2010). *Breathe Easy Live Well*, a 15-week curriculum based on the *Learning about Healthy Living* manual developed by Jill Williams et al (Mental Health Weekly, 2010), addresses the serious consequences of tobacco use, offers healthy alternatives to using tobacco and educates consumers about the various tobacco cessation medications available (NC EBP, 2011). This curriculum was developed with intended beneficiaries and utilizes the Transtheoretical Model of behavior change and Motivational Interviewing.

The Transtheoretical Model of behavior change, also known as Stages of Change, outlines six stages a person may go through while attempting to implement a behavioral change. Those stages are Precontemplation, Contemplation, Preparation, Action, Maintenance and Relapse (Proschaska and Velicer, 1997). The *Breathe Easy Live Well* curriculum stresses the importance of identifying the stage of change so that an

appropriate intervention can be constructed and devotes an entire lesson to exploring the stages of change, and how to identify in which stage a person might be.

Motivational Interviewing is a person-centered and goal-oriented method of facilitation that was developed as a way to help people work through ambivalence and commit to change by helping them develop their own self-motivational statements (Miller and Rollnick, 2002). Motivational Interviewing is based on four principles, which are, express empathy, develop discrepancy, roll with resistance, and self-efficacy (NC EBP, 2011). By employing Motivational Interviewing, the construct of efficacy in the Health Belief Model can be addressed. Additionally, in the *Breathe Easy Live Well* curriculum it is stated that participant engagement is extremely important to the success of the program.

Context

R.J. Blackley ADATC is a 62-bed in-patient state run treatment facility located in Butner, North Carolina. This facility, which admits approximately 22 patients a week, is designed to meet the needs of alcohol and drug dependent adults with co-occurring psychiatric disorders from the 25 counties of the Central region of North Carolina. These services are available regardless of financial resources or insurance status, therefore making treatment available to patients who may otherwise be unable to afford care. The mission of R.J. Blackley ADATC is "to provide medically monitored detoxification/crisis stabilization and short-term treatment for adults with addiction disorders and other co-occurring mental health and medical problems whose challenges exceed the level of care available to them in their local communities. " The vision of R.J. Blackley ADATC is "to be a national leader in the provision of recovery-oriented, safe, high quality addiction services to its patients " (DHHS, 2014).

In an effort to reduce the harm of secondhand smoke and to protect the health of employees and customers in restaurants and bars in North Carolina, The Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment was passed by the North Carolina General Assembly on January 2nd, 2010 (DHHS, 2013). In 2009 all hospitals in North Carolina had tobacco free campuses with the exception of state operated health facilities due to an Administrative Rule (DHHS, 2014). In the past year there was a change in this ruling allowing these facilities to go tobacco free campus-wide. In order to ensure that patients were prepared for this change, leadership at R.J. Blackley ADATC decided that it was necessary to provide tobacco cessation awareness and tobacco cessation recovery to the current patient population and to provide an on-going program for future patients. The curriculum chosen was *Breathe Easy Live Well*, which uses a wellness-based approach to reduce the harmful effects of tobacco, increase awareness about wellness and to facilitate a tobacco cessation program (NC EBP, 2011). The challenges faced were that all programs at R.J. Blackley ADATC are voluntary and that most patients were not motivated to remain tobacco free beyond their stay. Therefore, it became necessary to create enthusiasm among patients about a program, which did not initially resonate with them.

Drawing on my extensive experience in theater, I wondered if infusing the curriculum with improvisational games might create an enticing environment in which patients would be compelled to at least come and see what was happening in the classes. Based on the teachings of Viola Spolin (Spolin, 1983) (Intuitive Learning Systems, 2012), the internationally recognized theater educator who created a theater games approach to teaching, and my many years with the Second City Los Angeles and the Second City Alumni Players, I paired an improvisation game with each lesson and began implementing them at

the beginning of each class. The first lesson had a game built in so the addition of the games in the subsequent lessons followed a natural progression and felt organic to the curriculum. My supervisor observed the first few classes and was encouraged by the group participation and patient enthusiasm so he gave me permission to proceed with the games. Due to positive feedback from my supervisor and from group participants my practicum preceptor asked me to prepare a list of the games and to train my co-facilitators so that anyone facilitating the groups could incorporate the games as well. To date we have completed 11 cycles of the curriculum and have used the games in almost every group since we began. After five months of facilitating the *Breathe Easy Live Well* tobacco awareness groups the classes are still well attended, lively and, from most reports, fun.

The Role of Play or Applied Theater in Learning and Social Change

There is growing interest in the role of play in the fields of education and psychology. Based on the works of Piaget, Klinger, Singer and Sherrod, Sandra Russ identified important constructs in the cognitive process occurring in play, they are; fantasy/make believe, symbolism, organization and divergent thinking. It is through these constructs that Russ identifies affective learning processes such as expression of emotions, expression of affect themes, enjoyment of play, cognitive integration, emotion regulation, and modulation of affect (Russ, 1998). The Spolin Theater games were developed via social reform and the work done by Viola Spolin among poor, immigrant children during the WPA Recreational Project in Chicago (Spolin, 1983). Spolin's work has inspired endless creative offshoots including, the Compass Players, the Second City and most recently Intuitive Learning Systems. Many of the popular Second City Improvisation games are now being used in the educational arena as a way of engaging modern students in learning

(McKnight, 2008). Etherton and Prentki discuss the many uses of applied drama in the UK as well as among prisoners, drug addicts and rape victims. While not a thoroughly glowing endorsement, the article does point out that through imagination and creativity applied theater practitioners can contribute significantly to making a lasting social change (Etherton and Prentki, 2007). Perhaps the most radical argument for applied theater is made by Augusto Boal, a Brazillian theatre director, writer and Workers' Party activist who founded the Theatre of the Oppressed. Boals believed that theater was transformative and instrumental in self-awareness and social change (Boal, 1985) (Boal, 2009) (Boal, 2010). His books outline theatre games aimed at creating a dialogue regarding modern-day problems such as social justice, inequality and ethical responsibility.

Program Proposal

In the ecological model of the determinants of health, nine components are identified: social environment, physical environment, genetic endowment, individual response (behavior and biology), health care, disease, health and function, well-being and prosperity (Evans and Stoddart, 1994). Due to the known resistance to tobacco cessation among people with mental health disorders or alcohol and drug addictions (Mental Health Weekly, 2010) it follows that individual response could be a huge barrier. Motivation to quit using tobacco is low and classes are voluntary in most mental health and addiction facilities. Patients can simply choose not to participate. Therefore, the program being proposed is to enrich the curriculum with theatre games, which are closely matched to each lesson plan, with the intent of increasing interest in the classes and encouraging greater participant engagement to the material.

The program proposed is to enhance the *Breathe Easy Live Well* tobacco cessation curriculum with applied theater games and interactive role-playing based on the teachings of Viola Spolin and Augusto Boal. The proposal would establish a training, facilitation and evaluation team responsible for creating a program guidebook, and evaluation tools used in training, facilitating and evaluating the group sessions. The target audience for this proposal is the tobacco using in-patient population in a mental health and alcohol and drug abuse treatment center similar to the one at R.J. Blackley ADATC in Butner, North Carolina, where this project was piloted. The objectives of the proposed program are to increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients at any given time, increase awareness about tobacco cessation options while in the facility and after discharge, increase the number of patients who complete 80% of the classes (12 out of 15) and to show a graduation from earlier stages of change among participants as defined in the Transtheoretical Model such as from Precontemplation to Contemplation or from Contemplation to Preparation using intake and discharge surveys.

As defined in the Project Management Body of Knowledge, the "project life cycle" is defined by three phases, the initial phase, the intermediate phase and the final phase. In each phase four questions need to be answered. First, what technical work needs to be done in each phase? Second, what are the deliverables for each phase and how can they be reviewed, verified and validated? Third, who is involved in each phase? And last, how to control and approve each phase should be addressed (PMBOK, 2004).

Phase one is the planning phase. In order to successfully plan the program implementation it is important to identify the stakeholders and the objectives. The

stakeholders in this program would include the patients attending the group sessions, the group trainers, facilitators and evaluators, and the facility management team. The objectives of the proposed program are to increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients at any given time, increase awareness about tobacco cessation options while in the facility and after discharge, and to increase the number of patients who complete 80% of the classes offered (12 out of 15). Another objective of the proposed program is to show a graduation from earlier stages of change among participants as defined in the Transtheoretical Model, such as from Precontemplation to Contemplation or from Contemplation to Preparation, using intake and discharge surveys.

Planning a program also requires identifying the inputs, activities and outcomes. The inputs are the resources needed for the project and can be defined in this proposal as a typical office work space including a computer, printer and office supplies; a staff of two to three 20 hour per week employees to conduct the tobacco cessation awareness groups, and the program evaluations; and a facilitation space, typically the size of a small classroom with approximately 20 chairs. The activities or actual events identified for this proposal would include establishing a training, facilitating and evaluating team; developing a training manual which combines the *Breathe Easy Live Well* curriculum and the paired improvisation games for each lesson; developing facilitator guidebooks for the group sessions; and developing the evaluation tools for the program such as the intake and discharge surveys designed to identify the pre-group and post-group stage of change as defined in the Transtheoretical Model.

The short term outcomes, or intended accomplishments of the proposal would be to increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients at any given time, increase awareness about tobacco cessation options while in the facility and after discharge, increase the number of patients who complete 80% of the classes (12 out of 15) and to show a graduation from earlier stages of change among participants as defined in the Transtheoretical Model such as from Precontemplation to Contemplation or from Contemplation to Preparation using intake and discharge surveys. The intermediate outcome would be to create a baseline measurement and increase the periods of tobacco abstinence after discharge by 50%. And, the distal outcome would be to create a baseline measurement and reduce the number of post discharge tobacco related relapses by 50%.

The products associated with this proposal would be a trained tobacco cessation staff, tobacco cessation training manuals, tobacco cessation facilitator guidebooks and possibly a training video depending on the budget provided. A simple illustration of this logic model is provided on the next page:

INPUTS	ACTIVITIES	SHORT TERM OUTCOMES PRODUCTS	INTERMEDIATE OUTCOMES PRODUCTS	DISTAL OUTCOMES PRODUCTS
Office workspace including computer, printer and office supplies.	Develop a training plan, a group facilitation plan and an evaluation plan	Complete training and group facilitation guidebooks for future groups.	Create a baseline measurement and increase the periods of tobacco abstinence after discharge by 50%.	Create a baseline measurement and reduce the number of post discharge tobacco related relapses by 50%
Team of two to three .50 FTE employees to act as trainers, facilitators and evaluators.	Create a coalition of staff members to conduct training, group sessions and group evaluations.	Increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients, increase awareness about tobacco cessation options while in the facility and after discharge, increase the number of patients who complete 80% of the classes (12 out of 15).		
Classroom space with approximately 20 chairs	Conduct training, tobacco cessation groups and group evaluations.	Complete evaluation tools such as pre-group and post-group surveys to measure progress made in Transtheoretical Model and to measure patient attendance records		

Program Implementation

The second phase, the intermediate phase, would be the implementation phase of the program, which would include conducting the group sessions with the addition of the applied theater games. Given that there are fifteen lessons in the *Breathe Easy Live Well* curriculum and the average in-patient stay in most mental health and alcohol and drug abuse treatment centers is approximately two weeks, it is recommended that the sessions be conducted seven days a week while combining two of the sessions so that the entire cycle can be completed in a two week time frame. The proposed additional applied theater games are outlined in the section below. Although the games are outlined at the end of each section, it is more effective to play the game at the beginning of the sessions as they aid in creating enthusiasm and encouraging participation. It is also important to allow the participants to discuss the games afterwards so that they can process the importance and purpose of each applied game. Some processing questions are provided for each game .

Lesson One – Committing to Wellness for a Lifetime

The first lesson in the curriculum stresses the idea of wellness and that individuals have choices about how to create healthier lifestyles. Participants are asked to choose a behavior or an area of their life where they would like to make a positive change. It is important in this first group session to establish that while tobacco use is emphasized participants may choose any unhealthy behavior that they would like to change. This allows the participants who may still be in the Precontemplation stage about changing their tobacco use to feel welcome to participate in the group sessions. Additionally in this lesson some popular myths are debunked concerning smoking and mental illness and the readiness ruler is explained (NC EBP, 2011).

There is a game already written into this lesson, which provided the inspiration to enhance the curriculum with theater games. The game is called "The Funny Addiction Game." Funny behaviors such as "spinning in circles" or "constantly clapping hands" are written on slips of paper. Participants are then paired and volunteer to act out short scenes based on suggestions from the rest of the group. The suggestions include a relationship for the two players and a task they will attempt to achieve together, such as washing the dishes while they repeatedly act out their funny addiction. As the scene is played the rest of the group tries to guess the funny addictions. This game is always a huge hit. It creates a sense of fun and sets the tone for lively and open individual and group participation. Some possible processing questions for this game could include, "Did the participants accomplish their tasks?" or "How do you think the addictions played a part in keeping the participants from accomplishing their tasks?"

Lesson Two – Healthy Food Choices

Lesson two outlines some healthy food choices and discusses the benefits of eating a balanced diet by combining high-fiber foods like fruits, vegetables, beans, and whole grains with lean meats such as chicken and turkey. This lesson also introduces the idea that eating and smoking can be used as coping mechanisms so that participants can start to think about alternative ways to deal with stress other than using tobacco and food (NC EBP, 2011).

The game that was developed for this lesson is called "Restaurant." The game starts with a couple dining in a restaurant. The other group participants make entrances and exits in and out of the scene as they create characters such as waiters, other diners, the chef, and so forth. Each time a new character enters, an old character must justify the

reason for doing so, and then exit. The goal of the game is to have no more than three or four characters on the stage at any given time. The constant infusion of activity and new characters in this game tends to create a sense of chaos, and because the game is set in an environment that revolves around food and alcohol, the players often act out overeating or drinking as coping mechanisms. This game addresses the concept of eating and food choices as possible healthy or unhealthy coping skills which provides the facilitator the opportunity to discuss healthy and unhealthy coping skills as they relate to food and alcohol. Some possible processing questions for this game could include "What unhealthy coping choices were displayed during the scene?" or "What were the obvious stressors in the scene?"

Lesson Three – The Power of Addiction

Lesson three defines and discusses addiction in general and also as it relates to nicotine. The Dopamine Reward Pathway is illustrated and a discussion is encouraged. The lesson also asks participants to discuss any other addictions they may have. Again, it is important to emphasize tobacco use but not to limit the discussion solely to tobacco because all sessions will include participants in differing stages of change and participation should be encouraged from everyone regardless of which stage they are in. In this lesson withdrawal is also discussed and participants are asked to identify symptoms they may have experienced. The lesson also discusses nonchemical addictions such as gambling, stealing, sex and shopping. The lesson ends with the Fagerstrom Test, which is a nicotine dependence scale and a written exercise (NC EBP, 2011).

The game that was developed for this lesson is called "Emotional Symphony." This game was selected because the curriculum discusses some emotional side effects of

withdrawal from nicotine so a lively exploration of emotions usually ensues. Since the sessions are conducted with the participants seated in a circle, the facilitator goes around the circle and asks each participant to choose an emotion and then a sound that corresponds with that emotion. Once all participants have chosen an emotion/sound the group is conducted as if it were a symphony. Through hand gestures the conductor raises the volume, lowers the volume, points out solos, speeds up the tempo and so on. This game is a great icebreaker and sets the tone for discussing emotions during the section regarding withdrawal. Some possible processing questions for this game could include "Which emotions do you feel when you are in withdrawal from nicotine?" or "How do the emotions associated with nicotine withdrawal differ from the emotions associated with other drug withdrawals?"

Lesson Four – Dangers of Tobacco

Lesson four provides a list of the most startling and dangerous chemicals found in cigarette smoke. When participants read items like Arsenic, Formaldehyde and Hydrogen Cyanide there is always a lively discussion. Other items discussed in this lesson are the effects that smoking may have on other medications and the dangers of second hand smoke. The lesson ends with an exercise that compares tobacco related deaths to the American deaths associated with major wars and a written exercise (NC EBP, 2011). This lesson asks participants to think about whether they would willingly choose to eat or drink any of these harmful chemicals, which generally sparks a lively conversation about making choices.

Because the idea of making choices is discussed, the game created for this lesson is based on a popular improvisation game called "New Choice." It is tailored so that the

emphasis is on addiction and developing new coping skills. Participants are paired and sit face to face in the middle of the circle. Participant #1 asks participant #2 "what makes you want to use?" Participant #2 answers with something like "I use when I am angry." Participant #1 then says "When you are angry what is a new choice you could make rather than using?" Participant #2 may answer with something like "When I am angry I can go for a walk." Then participant #1 encourages participant #2 to repeat this exercise until he/she has made ten new choices. Then Participant #2 tries to remember all of the choices he/she came up with during the game. The spectators are encouraged to help the participants remember all of the choices. This game encourages new ways of thinking about choosing different coping skills and offers the added benefit of introducing the concept of group support during the recall part of the game. Some possible processing questions for this game could include "How can you help yourself to remember you have the ability to make new choices when you feel like using?" or "Which choices can you see yourself making in the future?"

Lesson Five – Staying Active

Lesson five discusses the benefits of staying active and suggests different activities and that can easily be added to typical everyday routines such as walking, gardening, yoga, dancing and weight lifting among others. This lesson also offers some comparisons between activities so that participants can choose activities that provide greater physical benefit (NC EBP, 2011).

The game created for this lesson is called "Join in the Activity." The facilitator asks for a volunteer to start an activity such as playing basketball or building a house. As soon as other members of the group recognize the activity they are asked to join in the activity

and play in the scene. The scene can include many other people or a very few depending on the activity chosen. For instance, if a player starts a scene by tossing a football the scene can expand to include members of both teams, spectators, cheerleaders and game announcers. The object of the game is to encourage group participation in support of a common goal and to actually encourage physical activity during the class. Some possible processing questions for this game could include "What physical activity do you feel you can incorporate into your life today?" or "Which activities played in the game today provide the most benefit to your particular health needs?"

Lesson Six – The Cost of Unhealthy Behavior

Lesson six discusses several different ways of looking at what using tobacco actually costs. It is important to identify the secondary costs such as tobacco related products, medical expenses, employments costs, social limits and time. The participants are once again asked to discuss the costs of other addictions they may have. The *Breathe Easy Live Well* curriculum continually stresses that nicotine use is an addiction and this seems to resonate with the participants and broadens the discussion to other unhealthy behaviors or addictions. The lesson ends with an exercise designed to generate a discussion on alternative ways of rewarding yourself other than using (NC EBP, 2011).

Because this lesson encourages participants to explore the concept of money and costs the game created for this lesson is called "Pass the Buck." The participants stand in a circle and pass an imaginary object from person to person. The facilitator "changes" the object as it is being passed around. For instance the object may start off as a handful of quarters and then changes to a tiny baby and then to a winning lottery ticket. The changing of the object will dictate how the object is handed off from one participant to another. The

facilitator should be sure to include objects that could be talked about in the discussion regarding healthy reward alternatives. This game is a great icebreaker, encourages group participation and will inspire the participants to think about things that they could buy as opposed to cigarettes, drugs or alcohol or things they could do as opposed to using. Some possible processing questions for this game could include "What would you like to do with the money you could save by not buying cigarettes?" or "What activities could you engage in with the time saved by not using tobacco?"

Lesson Seven – Managing Stress for Recovery

Lesson Seven encourages participants to think of alternative ways to deal with stress as they strive to live an addiction-free life. A common coping skill among people with addictions is to use cigarettes, drugs or alcohol as a means of coping with stressful events. This lesson encourages participants to think of alternative activities such as sports, spirituality, meditation and several others. This lesson also outlines the cycle of abuse/withdrawal/abuse as it pertains to smoking and eating (NC EBP, 2011).

The lesson ends with a deep breathing exercise that can act as the game for the lesson. Guided imagery can be added to the deep breathing exercise if the facilitator is familiar with that technique. It is also fun to add a laughing exercise based on Laughter Yoga, an exercise routine created by Dr. Madan Kataria which increases the release of endorphins and lowers the level of stress hormones such as epinephrine and cortisol (Kataria, 2014). This can be done by the facilitator suggesting that everyone in the circle laugh as hard as they can on the count of three. This usually starts off slowly but because of the contagious nature of laughter in short order the group is genuinely laughing and sometimes has trouble stopping. This is a great icebreaker, a whole lot of fun for the group

and is very effective at relieving stress. Some possible processing questions for this game could include "Can you think of a situation when deep breathing can help you feel less stress?" or "How did laughing make you feel?"

Lesson Eight – Healthy Body Awareness

Lesson Eight outlines the importance of regular visits to a health care professional for physical check-ups and appropriate exams in order to develop healthy body awareness. This lesson also outlines the concept of striving to achieve a healthy spirit, mind and body as they are all interconnected (NC EBP, 2011).

The game developed for this lesson is called "Freeze Tag." The game starts with two people starting a scene by creating a tableau with their bodies. For instance, the players might join hands and act the scene out as two sides of a drawbridge during a time in which several boats cause the drawbridge to go up and down. When the physical tableau created by their bodies changes someone from the group calls freeze and taps one of the players out. He/she then assumes the exact physical stance of the person he/she tapped out and starts an unrelated scene based on the new physical tableau created by the bodies of the two players. The object of the game is for the players to create several different images with their bodies that spin the scenes off in different directions as new players jump in and out of the scenarios. This game is designed to increase physicality and body awareness during imagination play. Some possible processing questions for this game could include "Was it easy to think of ways to use your body to create physical pictures?" or "What were some physical cues that helped you identify what the players were acting out?"

Lesson Nine – The Value of Medications

This lesson outlines the medications available to participants who want to quit using tobacco and want medical help to do so. In this lesson, participants discuss the nicotine replacement therapies such as the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray and the nicotine oral inhaler. The first three options are available at ADATC while the last two are not. The non-nicotine medications available are also discussed, these include Buproprion (Zyban/Wellbutrin) and Verenicline (Chantix). These medications do not deliver nicotine but rather aid in curbing cravings and in dealing with nicotine related withdrawal symptoms. This lesson also stresses proper medication protocol such as knowing the names and dosages of all medications taken, what they are prescribed for, possible side effects and potential interactions. The lesson ends with an exercise designed to help participants understand these medications and how they can and cannot be combined (NC EBP, 2011).

The game chosen for this lesson is called "Make a Machine." A volunteer is asked to come to the middle of the circle and make a noise accompanied by a physical action. One at a time, the participants are encouraged to "add onto" the machine by joining in with a new noise and corresponding physical action. By the time everyone has joined in, a "machine" with lots of sounds and moving parts is created. The machine usually becomes lively and animated. The game ends when the facilitator "pulls the plug" on the machine and it starts to malfunction in slow motion and eventually stop altogether. The concept behind this game is that while a person stays on his or her medication the machine (body) runs smoothly. But, when the plug is pulled (a person stops taking his or her medication) the machine (body) starts to malfunction and possibly stops working. Some possible

processing questions for this game could include "How can you tell when you are not operating at your best?" or "How does your medication play a part in the healthy operation of your body?"

Lesson Ten – Patterns and Triggers

Lesson ten discusses common patterns of behavior and triggers associated with those patterns. For instance how having a cup of coffee might trigger the desire to smoke a cigarette. Participants are asked to talk about danger zones or places where they may be triggered to use. They are also asked to suggest ways in which they can avoid being triggered such as distraction techniques, correcting unclear thinking or contacting help. Conversely, participants are asked to consider areas they would consider as safe zones where they would not be triggered to use (NC EBP, 2011).

The game created to for this exercise is called "Three in a Row." A volunteer is asked to act out three activities that they do daily such as brush teeth, wash face and comb hair. They are asked to act these out with as much detail as possible. For instance, unscrewing the top off of the toothpaste and setting it aside before turning on the water, or, testing the temperature of the water before face washing and possibly adjusting it so that it is not too hot. Then the participant is asked to do the same sequence but out of the normal order. The fun of this game is to discover how much of the detail is lost when the sequence is done out of order. This game is chosen because it illustrates patterns of behavior and the challenges people face when they attempt to break long-standing ingrained behavior patterns. Some possible processing questions for this game could include "Does it feel awkward when you remove smoking from your everyday routine?" or "What activity could you choose to replace using tobacco in your everyday routine?"

Lesson Eleven – Cravings

Lesson eleven discusses cravings. This lesson usually inspires a lively discussion, as cravings are quite well known to people with addictions. The lesson discusses tobacco related cravings and asks the participants to discuss other substances for which they have experienced cravings. The lesson also challenges the participants to think of positive behaviors that could help them get through a craving such as taking a walking or calling someone for support. The lesson ends with a written exercise designed to create self-awareness about one's cravings and positive coping skills to help get through them (NC EBP, 2011).

The game designed for this lesson is called "Crazy Cat." One person is asked to volunteer to be the cat owner and another person is asked to volunteer to be the very "needy" cat. There are two important stipulations, the owner must absolutely love the cat and the cat must be in constant need of food, affection and attention. Additionally, the spectators give the owner an activity that needs to be accomplished immediately such as making dinner for the family. The "needier" the cat, the more fun the game becomes. This game illustrates how cravings can be very demanding, require lots of attention and make daily tasks much more difficult to achieve. Some possible processing questions for this game could include "How easy was it to accomplish your task with the needy cat?" or "How do you think this relates to your addiction?"

Lesson Twelve – Support Network

Lesson twelve discusses the importance of developing a support network. Participants are asked to define aspects of healthy relationships as well as aspects of unhealthy relationships. They are also encouraged to identify possible support people

from different areas of their lives such as friends, family, mental health professionals, medical professionals or support group members. In this lesson there are several free Internet resources listed to help in the cessation of tobacco use. The lesson ends with an exercise designed to help built relationship skills (NC EBP, 2011).

The game chosen for this lesson is called "Trust Circle." In this game participants are asked to make a very tight circle. A volunteer stands in the middle of the circle, closes his/her eyes and slowly falls backwards. The members of the circle then slowly move him/her around the circle and then gently return him/her to his/her feet. This is repeated until all the participants who want to go in the middle are allowed to do so. It is important to create an atmosphere of trust for this game. People may be hesitant to participate if they feel they will be required to go in the middle so it is important to make it clear that participation is strictly voluntary. It is also important to make sure that participants are allowed to discuss how the exercise made them feel afterwards. This includes the people in the outside of the circle as well as the people on the inside of the circle. Common themes that develop from this game are trust, responsibility and support. This is a natural game choice for this lesson plan as it directly deals with physical and emotional support. Some possible processing questions for this game could include "Did you feel supported at all times when you were in the middle?" or "How did it feel to be responsible for the safety of the person in the middle?"

Lesson Thirteen – Relapse Prevention

Lesson thirteen outlines the Transtheoretical Stages of behavior change which are, Precontemplation, Contemplation, Preparation, Action and Maintenance. Participants are asked to recall the behavior change they wanted to make in lesson one and identify which

stage they are in currently. This can be done by going around the circle or as participants volunteer to share. In this lesson the difference between a slip and a relapse is discussed and participants are encouraged to explore effective ways to handle slips and relapses and to discuss things that they feel may trigger a slip or a relapse. The lesson ends with an exercise designed to educate the participants about the importance of adding water consumption to a healthy lifestyle (NC EBP, 2011).

The game designed for this lesson is called "Goodbye Old Friend." In this game participants are asked to say goodbye to an old habit or behavior as if it were an old friend whom had "worn out his welcome." This game can be played with comedy or with sincerity. There is no right or wrong way to say goodbye to something that is no longer welcome. This game can be incredibly funny and light as well as deeply moving. The reason this game is paired with this lesson is to reinforce the idea that by eliminating old negative behaviors or negative people participants can reduce the risk of relapses and slips. Some possible processing questions for this game could include "How do you think eliminating negative behaviors can help keep you from relapsing?" or "How can you strengthen your resolve to keep these negative behaviors from recurring?"

Lesson Fourteen – Higher Goals

In this lesson setting positive goals is discussed. The curriculum outlines how to set goals and steps to take when creating plans to achieve those goals. The lesson encourages participants to explore areas in their lives in which they would like to set goals and activities that might be included in their plans (NC EBP, 2011).

The game designed for this lesson is called "I Have a Dream." A volunteer is asked to come to the middle of the circle and relate a dream or goal they have to the group. Then

participants are "cast" as different people in the dream. The participants then act out the dream in various genres such a cartoon, a soap opera or a horror movie. People are encouraged to make entrances and exits according to the original telling of the dream or goal. This game encourages group participation and can be repeated as many times as necessary so that everyone gets a chance to relate a dream or goal or act as a character in one. This game is chosen for this lesson so that participants are given the opportunity to talk about ambitions, goals and dreams in a fun and lively manner. Some possible processing questions for this game could include "Can you name a goal you would like to achieve during your recovery?" or "What dream would you like to see come true for yourself?"

Lesson Fifteen – Celebrating Success

Lesson fifteen encourages participants to celebrate the success they have achieved during the process of participating in the *Breathe Easy Live Well* group sessions. Participants are reminded to keep a positive frame of mind, continue working on goals and to reward themselves and celebrate life. The lesson recaps activities discussed in lesson seven to help participants to continue to think of healthy rewards and healthy ways to celebrate. Lesson fifteen ends with a section on how participants might share their success by helping others achieve their goals, a concept called "paying it forward" (NC EBP, 2011).

There are two games designed for this lesson. The first game is called "Oscar Acceptance Speech." In this game participants are encouraged to give an "Oscar acceptance type speech" in which they thank everyone that has helped them to achieve their goal of quitting tobacco or the unhealthy behavior they chose instead. After everyone has been given the opportunity to give his/her speech the second game is played. In the second

game each participant is asked to turn to the person next to him/her and tell that person that they are proud of him/her and why. This should be done one at a time so that everyone can be appreciated individually. These games are designed to encourage self-appreciation and appreciation of others as participants celebrate all the milestones they have achieved during the journey of recovery. Some possible processing questions for this game could include "How can you remember to celebrate the small successes in you daily life?" or "Name some new healthy ways you can celebrate success in recovery?"

Proposed Evaluation

One of the most important aspects of developing and implementing any new program is building in an evaluation plan. Although it is created before the program is implemented, the program evaluation is usually conducted in the final phase of a program implementation as defined in the Project Management Body of Knowledge (PMBOK, 2004). The purpose of enhancing the *Breathe Easy Live Well* curriculum was to create enthusiasm for the group sessions and to make the material fun and approachable for a population who was not motivated to stop using tobacco, with the goal of increasing motivation. During the planning phase of the program proposal several objectives were defined. The objectives were to increase the total number of participants in the tobacco cessation group sessions to 80% of the total number of smoking patients at any given time, increase awareness about tobacco cessation options while in the facility and after discharge, increase the number of patients who complete 80% of the classes (12 out of 15) and to show a graduation from earlier stages of change among participants as defined in the Transtheoretical Model such as from Precontemplation to Contemplation or from Contemplation to Preparation using intake and discharge surveys. Therefore, in order to

evaluate whether the program proposed was successful it will be necessary to evaluate whether those objectives were met.

Taken one at a time, the following are some suggested steps in order to evaluate the proposed program. First, in order to evaluate whether 80% of the total smoking population attending the classes was achieved it will be necessary to cross reference daily attendance with the smoking population census. By cross-referencing and creating a ratio of these data, it will be simple to determine whether the objective of 80% was met. Second, in order to determine whether the objective of increasing awareness about tobacco cessation options was met, a survey could be distributed both before and after the fifteen-lesson cycle designed to determine if increased awareness was achieved. Questions like "Can you name a medication used to help with nicotine cravings?" or "Can you name three activities you can do instead of smoking." can be included in the survey. Third, in order to determine whether twelve out of the fifteen classes were attended by each participant, the facilitator can create and maintain attendance logs and calculate the number of sessions attended by each participant at the end of each cycle. Lastly, the facilitator can build into the first and last group sessions a survey requesting that each participant identify the stage of change that best fits were he thinks he belongs in terms of quitting tobacco use. After the cycle is over the facilitator can cross reference the two surveys to see if there was any movement toward affecting the change. By creating a baseline of data at the beginning of the cycle, collecting data throughout the cycle and comparing baseline data to data collected at the end of the cycle the proposed program can be evaluated against the objectives set at the beginning of the project.

Another type of evaluation that could be implemented would be to have small focus groups at the end of each cycle to gather information on participant satisfaction regarding the addition of the games. Participants could discuss which games they enjoyed and share their thoughts on why they thought the games were appropriate for each lesson. This type of data collecting could help provide feedback on the specific games if further analysis was needed on the games themselves.

Conclusions

For the first three weeks of the pilot program no one came to the classes. In order to try to create enthusiasm for the classes the facilitators would circulate through the patient units and explain to the patients that the classes would involve games. With the addition of the games, participants started showing up and the classes became well attended. To date over one hundred patients have attended the classes. During this time, July 1st, 2014 came and went like any other day at ADATC. There were no major events and no mass exodus of patients due to the new tobacco free campus policy implementation. Yes, there were discussions, at times, lively discussions by participants about whether they wanted to stop using tobacco or whether they were ready to stop using tobacco but that was one of the goals, to engage people in the dialogue and to evoke further thought about tobacco cessation options. Another goal was to make the classes interesting for a population who was for the most part extremely resistant. The fact that people showed up and kept coming back was testament that we were doing something right. I would like to think that the games played a large part in engaging the participants. There are many educators like Augusto Boal and Viola Spolin who believe that role-playing and theater games can be an

effective teaching tool and our experience at ADATC appears to lend credence to those beliefs.

The program proposal is based on education and behavioral theory and the teachings of Viola Spolin and Augusto Boal. The program proposal has now undergone some pilot testing with promising results. With time and further development it is possible that this program proposal could show the same promise in other facilities across the country. It is also possible to expand this program proposal to include other types of addiction treatments such as the opiate, cocaine or alcohol treatments. Some next steps might be to partner with addiction professionals to explore other facilities that might be interested in developing the same type of in-house programs for tobacco, opiate, cocaine, alcohol and other addictive substances.

Leadership Reflections

I believe the most affective way to reflect on this project and how it relates to my leadership skills is to include a piece I wrote almost five years ago when I attended the first leadership workshop:

In 1995 I was living my life long dream. I was a principal actor on a national soap opera and pursuing a career in television and films. Five short years later I was penniless, helplessly addicted to drugs and alcohol and living in my mother's basement. What had happened? Why had I taken such a dive into the depths of what can only be described as a life of horrors? Who knows exactly how it all went wrong. I am sure there were many wrong roads I took along the way to get where I was at that point. Both my parents were alcoholics. My brother and father both suffered from Bi-Polar Disorder and both eventually succeeded in

their own suicides. This was my foundation. And, I suppose I never looked beyond this scenario and envisioned anything better for myself.

Six years ago I agreed to go into a treatment facility that was publicly funded and located near where I was living. The first night I remember crawling into the tiny hospital bed and sleeping more soundly than I had in years. I eagerly attended the workshops and meetings. I didn't realize it then but I was finally receiving the help I had needed for so many years. I was learning that what I had was a disease and that there was help for people like me. I not only suffered from the disease of addiction but I also had suffered mood swings since childhood. In treatment I learned that there were tools I could use to help with my addictions and medications I could take to combat my mood swings.

I have been living clean and sober for ten years now. And, in that time I have been afforded the opportunity to pursue a degree in Public Health Leadership at one of the most prestigious schools in the nation. How fitting that I should be writing this paper on a project done in the field of addiction in an institute not unlike the one in which I received my first introduction to sobriety. In Leadership on the Line, Heifetz and Linsky discuss the idea that leadership is dangerous (Heifetz and Linsky, 2002). I couldn't agree more. Had I not been open to peeling back the layers of my own mental disorder and addictions I would not be in the position to facilitate groups targeted to doing just that for others. Heifetz and Linsky also discuss the notion of modeling the behavior (Heifetz and Linsky, 2002). Although it is not a prerequisite to work in the filed, I believe my own experience and perspective on addiction and mental disorder helps me to model the behavior that I strive to teach in the group facilitation arena.

And lastly, when I began my study of leadership I developed the following definition:

Leadership involves the ability to recognize and employ the many different leadership styles, such as Affiliation, Coaching, Democratic and Pacesetting, depending on the ever-changing environments, situations, tasks and people involved in an organization. Key components of leadership involve emotional awareness, self-management, social awareness and social skills as well as the ability to remain authentic to one's beliefs while communicating a clear path or ideology.

In my leadership pursuits I believe that I have tried to remain true to this definition. At least during my experience at ADATC I can say that I remained authentic to my beliefs while communicating a clear path or ideology. I am grateful to have been a part of the leadership of such an important project.

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